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HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12 MED-QUEST DIVISION

CHAPTER 1722

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Historical Note: This chapter is based substantially upon §17-742-2.02 [Eff 10/23/87; am 10/1/89; R 3/19/93]; and §17-742-2.1 [Eff 2/22/88; am 5/6/91; R 3/19/93]; and Chapter 17-752. [Eff 7/19/82; am 12/17/82; am 8/20/83; am 3/30/84; am 8/23/84; am 8/9/85; am 5/5/86; am 3/2/87; am 10/23/87; am 6/5/89; am 1/1/90; am 7/26/90; am 8/30/91; R 3/19/93].

SUBCHAPTER 1

GENERAL PROVISIONS

§17-1722-1 Purpose. The purpose of this chapter is to describe certain special coverages of the medical assistance program and to establish the requirements

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for eligibility and participation in the coverages.
[Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R.
§431.10) (Imp: HRS §88-4, 42 U.S.C. §§1396a, 1396d; 42
C.F.R. §435.139)

§17-1722-2 (Reserved).

SUBCHAPTER 2

QUALIFIED SEVERELY IMPAIRED INDIVIDUALS

§17-1722-3 Purpose. The purpose of this subchapter is to describe the coverage of qualified severely impaired individuals and the eligibility criteria for that coverage group. [Eff 08/01/94]
(Auth: HRS §346-14; 42 C.F.R. §431.10) (Imp: 42
U.S.C. §§1396a(a)(10)(A)(i)(II), 1396d(q))

§17-1722-4 Eligibility requirements. (a) A qualified severely impaired individual is a person:

- (1) Who, for the month preceding the month to which this section applies;
 - (A) Received SSI, SSP, or both on the basis of blindness or disability; and
 - (B) Was eligible for medical assistance; and
- (2) Of whom, the Social Security Administration determines that:
 - (A) The individual continues to be blind or disabled, and except for the individual's earnings, continues to meet SSI eligibility requirements;
 - (B) Without medical assistance the individual's ability to continue or obtain employment would be seriously inhibited; and
 - (C) The individual's earnings are not sufficient to provide a reasonable equivalent to the benefits from SSI/SSP, medical assistance, and publicly funded attendant care services for which the individual would be eligible, were it not for the individual's earnings.

(b) For the purposes of this section, an individual, who is eligible for special SSI/SSP payments or for work incentive allowances under

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provisions of 42 U.S.C. §1382h shall be considered to have met the requirements of subsection (a). Thus, an individual with 1619 status, meeting the provisions of subsection (a), shall be considered a qualified severely impaired individual.

(c) An individual who meets the definition of a qualified severely impaired individual shall be eligible for medical assistance, provided the individual remains in 1619 status, as determined by the Social Security Administration.

(d) When an individual has more than one period of eligibility under 1619 status in the SSI Program, the first month of the most recent period shall be used to determine eligibility for medical assistance.

[Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §431.10) (Imp: 42 U.S.C. §§1396a(a)(10)(A)(i)(II), 1396d(q))

§17-1722-5 Limitations of coverage. Individuals eligible as qualified severely impaired individuals shall be eligible for coverage of all services covered under the medical assistance program, except for the payment of medicare hospital insurance premiums.

[Eff 08/01/94] (Auth: HRS §346-14; 42 U.S.C. §431.10) (Imp: 42 U.S.C. §§1396a(a)(10)(A)(i)(II), 1396d(q))

§§17-1722-6 to 17-1722-8 (Reserved).

SUBCHAPTER 3

QUALIFIED MEDICARE BENEFICIARIES

§17-1722-9 Purpose. The purpose of this subchapter is to establish the requirements for eligibility of qualified medicare beneficiaries and limitations of coverage for that assistance group.

[Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396d(p))

§17-1722-10 Eligibility requirements. A "qualified medicare beneficiary" shall meet all of the conditions as follows:

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- (1) Entitled to hospital insurance benefits under the medicare program;
 - (2) In receipt of income which does not exceed the federal poverty limit;
 - (3) In possession of assets which do not exceed two hundred per cent of the personal reserve allowed under the supplemental security income program; and,
 - (4) Required to meet basic eligibility conditions, detailed in chapter 17-1714, including:
 - (A) A resident of the State of Hawaii;
 - (B) A citizen of the United States or a legal resident alien;
 - (C) Not a resident of a public institution;
 - (D) Assign to the department any benefits from a third party for coverage of medical expenses, to the extent of medical costs paid by the department; and
 - (E) Furnish a social security number and verification of that number.
- [Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp. 42 U.S.C. §1396d(p))

§17-1722-11 Treatment of income and assets. The income and assets of a qualified medicare beneficiary shall be treated like the aged and disabled individuals in the medical assistance only program, as specified in chapters 17-1721 and 17-1725, with the exceptions of sections 17-1722-10(2) and (3). [Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396d(p))

§17-1722-12 Limitations of coverage. Individuals eligible under this subchapter shall be limited to coverage of the premiums, deductibles, and co-insurance amounts under the medicare program. [Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396d(p))

§17-1722-13 Effective date of coverage. (a) Coverage as a qualified medicare beneficiary begins on the first day of the month after the month in which

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determination of eligibility is made.

(b) The three-month retroactive coverage provisions for normal medical assistance coverage does not pertain to qualified medicare beneficiary coverage. [Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R §435.10) (Imp: 42 U.S.C. §1396d(p))

§§17-1722-14 to 17-1722-16 (Reserved).

SUBCHAPTER 4

SPECIFIED LOW INCOME MEDICARE BENEFICIARIES

§17-1722-17 Purpose. The purpose of this subchapter is to establish the requirements for eligibility of specified low income medicare beneficiaries and the limitations of coverage for that assistance group. [Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(E))

§17-1722-18 Eligibility requirements. Effective January 1, 1993, a specified low income medicare beneficiary shall meet all of the conditions as follows:

- (1) Entitled to hospital insurance benefits under the medicare program;
- (2) In receipt of income which does not exceed one hundred ten per cent of the federal poverty limit in 1993 and 1994, and one hundred twenty per cent in 1995 and beyond;
- (3) In possession of assets which do not exceed twice the personal reserve allowed under the supplemental security income program; and
- (4) Required to meet basic eligibility conditions detailed in chapter 17-1714, including:
 - (A) A resident of the State of Hawaii;
 - (B) A citizen of the United States or a legal resident alien;
 - (C) Not a resident of a public institution;
 - (D) Assign to the department any benefits from a third party for coverage of medical expenses, to the extent of medical costs paid by the department;

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- and
(E) Furnish a social security number and verification of that number.
[Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §§1396a(a)(10)(E), 1396d(p))

§17-1722-19 Treatment of income and assets. The income and assets of a specified low income medicare beneficiary shall be treated like the aged and disabled individuals in the medical assistance only program, as specified in chapters 17-1721 and 17-1725, with the exception of section 17-1722-18(2) and (3).
[Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §§1396a(a)(10)(E), 1396d(p))

§17-1722-20 Limitations of coverage. Individuals eligible under this subchapter shall be limited to the payment of the medicare supplemental medical insurance premium. [Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(E))

§17-1722-21 Effective date of coverage. Coverage as a specified low income medicare beneficiary begins in the month in which eligibility starts.
[Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(E))

§§17-1722-22 to 17-1722-24 (Reserved).

SUBCHAPTER 5

QUALIFIED DISABLED AND WORKING INDIVIDUALS

§17-1722-25 Purpose. The purpose of this subchapter is to establish the requirements for eligibility of qualified disabled and working individuals and limitations of coverage for that assistance group. [Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(E))

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§17-1722-26 Eligibility requirements. A "qualified disabled and working individual" shall meet all of the following requirements:

- (1) Entitled "to enroll" for hospital insurance benefits under Part A of Medicare based on 42 U.S.C. §1395i-2(a) which requires that the individual:
 - (A) Is not yet sixty-five years of age;
 - (B) Has been entitled to Social Security disability insurance benefits;
 - (C) Continues to have a disabling physical or mental condition;
 - (D) Is found to be ineligible for continued Social Security disability insurance benefits due to earnings exceeding the substantial gainful activity (SGA) limits; and
 - (E) Is not otherwise entitled to Medicare.
- (2) Is in receipt of income which does not exceed two hundred per cent of the official poverty line, as established by the Office of Management and Budget, applicable to a family of the size involved;
- (3) In possession of assets which do not exceed two hundred per cent of the personal reserve allowed under the supplemental security income program;
- (4) Required to meet basic eligibility conditions, as follows:
 - (A) A resident of the State of Hawaii;
 - (B) A citizen of the United States or a legal resident alien;
 - (C) Not a resident of a public institution;
 - (D) Assign to the department any benefits from a third party for coverage of medical costs paid by the department; and
 - (E) Furnish a social security number and verification of that number; and
- (5) Not otherwise eligible for medical assistance under Title XIX. [Eff 08/01/94]
(Auth: HRS §346-14; 42 C.F.R. §435.10)
(Imp: 42 U.S.C. §1396a(a)(10)(E))

§17-1722-27 Treatment of income and assets. The income and assets of a qualified disabled and working individual shall be treated like that of aged and

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disabled individuals in the medical assistance program, as specified in chapters 17-1721 and 17-1725, with the exception of section 17-1722-26(2) and (3).

[Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396 a(a)(10)(E))

§17-1722-28 Limitations of coverage. Individuals eligible under this subchapter shall only be entitled to coverage of the premiums for hospital insurance coverage under the medicare program.

[Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(E))

§17-1722-29 Effective date of coverage. Coverage under the provisions of this subchapter will coincide with the effective date of enrollment in Part A, as allowed under section 1818A of the Social Security Act (42 U.S.C. §1395i-2(a) and determined by the Social Security Administration. [Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(E))

§§17-1722-30 to 17-1722-32 (Reserved).

SUBCHAPTER 6

MEDICAL PAYMENTS FOR PENSIONERS

§17-1722-33 Purpose. The purpose of this subchapter is to establish the program of medical coverage of persons receiving pensions or retirement payments from the state or counties of Hawaii.

[Eff 08/01/94] (Auth: HRS §346-14) (Imp: HRS §88-4)

§17-1722-34 Definitions. For the purpose of this subchapter:

"Actually" means truly and in fact.

"Pensioner" means those persons who are receiving pensions or retirement payments from the State or counties of the State.

"Solely" means only or purely.

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"Third party resource" means any resource or benefits from any source to which an eligible person may be entitled. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: HRS §§88-4, 346-14)

§17-1722-35 Eligibility requirements. (a) A pensioner, a pensioner's spouse, or a pensioner's surviving spouse shall be eligible for coverage of medical services by meeting any of the following conditions.

- (1) The pensioner and the pensioner's spouse, if any, are actually and solely dependent on the state or county pension for maintenance and support;
- (2) The pensioner and the pensioner's spouse, if any, have total income from all sources, including the pension, social security benefits, interest and dividends, and any income of the spouse, of less than \$2,400;
- (3) The spouse of a pensioner is currently eligible for coverage of medical care under this subchapter; or
- (4) The spouse of a deceased pensioner who was or would have been eligible under this subchapter remains unmarried.

(b) The following persons shall not be eligible under this program:

- (1) Dependent children of eligible pensioners;
- (2) Divorced or separated spouses of pensioners; and
- (3) Parents or other non-spousal relatives of pensioners.

(c) Resources including, but not limited to savings, real property, medical benefit plans, bonds, stocks, insurance, and automobiles, shall not be taken into consideration in determining the pensioner's eligibility for coverage of medical care, under the provisions of this subchapter. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: HRS §88-4)

§17-1722-36 Treatment of income and assets. An eligible pensioner and the pensioner's spouse, if any, shall not be required to use any portion of the pensioner's or the pensioner's spouse's income or resources to meet medical costs covered under the provisions of this subchapter. [Eff 08/01/94]

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(Auth: HRS §346-14) (Imp: HRS §88-4)

§17-1722-37 Limitations of coverage. (a) Eligible pensioners and pensioners' spouses shall be entitled to all health care coverage provided to medical assistance recipients, except for:

- (1) Payment of health insurance premiums payments, including that of medicare; and
- (2) Coverage of the portion of medical care expenses paid by a third party.

(b) Medical payments assistance for services covered by the department's medical assistance program shall be made available to eligible pensioners and pensioners' eligible spouses conditioned upon prior authorization for certain elective medical services, third party resources, and established payment practices in the medical assistance program.
[Eff 08/01/94] (Auth: HRS §346-14) (Imp: HRS §88-4)

§17-1722-38 Application for payment of medical services. (a) A pensioner or a surviving spouse shall sign an application form as a condition for approval of the application.

(b) A relative, friend, or a designee may be asked to complete and sign the application form on behalf of a pensioner or spouse when the pensioner or spouse is determined by the department to be unable to do so. [Eff 08/01/94] (Auth: HRS §346-14)
(Imp: HRS §346-14)

§17-1722-39 Eligibility review. Eligibility reviews shall be conducted every six months or at intervals determined necessary by the eligibility worker. [Eff 08/01/94] (Auth: HRS §346-14)
(Imp: HRS §346-14)

§§17-1722-40 to 17-1722-42 (Reserved).

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SUBCHAPTER 7

CHILD WELFARE MEDICAL

Repealed

§§17-1722-43 to 17-1722-49 REPEALED. [Eff 08/01/94;
R 01/29/96]

§§17-1722-50 to 17-1722-55 (Reserved).

SUBCHAPTER 8

SPECIAL GROUP FOR INDIVIDUALS FOMERLY COVERED BY SHIP

§17-1722-56 Purpose. The purpose of this subchapter is to establish the eligibility requirements for a special group comprised of individuals who were enrolled the state health insurance program who were not eligible for inclusion in the Hawaii Med-QUEST program, and the coverage and limitations of coverage for that group. [Eff 11/13/95] (Auth: HRS §§346-14, 431N) (Imp: HRS §§346-14, 431N)

§17-1722-57 Definitions. For the purposes of this subchapter:

"Cost share" means the monthly payment a member, whose income exceeds one hundred per cent of the FPL, must remit to the department to be eligible for medical assistance in the special group;

"Department" means the department of human services;

"Dependent child" means an individual's natural child, stepchild, legally adopted child, hanai child, who is unmarried and under age nineteen, or unmarried and incapable of support due to mental or physical handicap incurred prior to age nineteen, and is wholly dependent on the individual or the individual's spouse for support and resides in the same dwelling place;

"Disqualification" means the loss of eligibility in the special group;

"Member" means an individual who meets all eligibility requirements of the special group, and for

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whom all applicable expenditure shares have been paid;

"Family unit" means an individual, or the individual's spouse and the individual's dependent children all of whom reside together in a common dwelling place;

"FPL" means the federal poverty limit that is annually established by the U.S. Department of Health and Human Services;

"SHIP" means the discontinued state health insurance program that was administered by the department of health;

"Special group" means the grandfathered coverage group that was established to provide health coverage for individuals who were eligible for SHIP who could not participate in QUEST.

"State fiscal year" means the period July 1 through the following June 30 of consecutive calendar years. [Eff 11/13/95; am 01/29/96] (Auth: HRS §§346-14, 431N) (Imp: HRS §§346-14, 431N)

§17-1722-58 Eligibility requirements. (a) Members of this group must have been eligible for SHIP as of July 31, 1994 and would have maintained continued eligibility except for the discontinuance of SHIP, and were not eligible for inclusion in QUEST as of August 1, 1994.

(b) A member of this group shall:

- (1) Be a resident of the State of Hawaii who is a citizen of the United States or a legal resident alien;
- (2) Not be entitled to benefits under the medicaid program with the exception of those whose eligibility is dependent on a spenddown of income;
- (3) Not be entitled to insurance benefits under the Medicare program;
- (4) Not be entitled to coverage under CHAMPUS or another federally sponsored program except for benefits under the native Hawaiian Health Care Act;
- (5) Not be entitled for insurance benefits under the Hawaii Prepaid Health Care Act; and
- (6) Not have income exceeding three hundred percent of the FPL.

(c) An exception to subparagraph (b)(6) are state emergency appointments and their families who are

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ineligible for health insurance coverage through the employer.

(d) Any break in eligibility shall cause permanent exclusion from this group.
[Eff 11/13/95] (Auth: HRS §§346-14, 431N) (Imp: HRS §§346-14, 431N)

§17-1722-59 Personal reserve standards. There are no personal reserve standards for individuals in the special group. [Eff 11/13/95] (Auth: HRS §§346-14, 431N) (Imp: HRS §§346-14, 431N)

§17-1722-60 Treatment of income. (a) The gross income of members in the family unit will be considered in determining eligibility, whether or not all family members are eligible for special group benefits.

(b) Income that can be used for the maintenance and support of the family members includes, but is not limited to:

- (1) Earned income from wages, salaries, tips, or commissions;
- (2) Net income from self-employment or rentals;
- (3) Interest income;
- (4) Royalties and dividends;
- (5) Pensions;
- (6) Social Security benefits;
- (7) SSI;
- (8) UIB;
- (9) TDI and workers' compensation; and
- (10) Monetary contributions and gifts.

(c) Gross family income shall be compared to the FPL for the family size. [Eff 11/13/95] (Auth: HRS §§346-14, 431N) (Imp: HRS §§346-14, 431N)

§17-1722-61 Eligibility review. (a) Eligibility reviews shall be conducted annually or at intervals determined necessary by the department.

(b) Individuals who fail to complete or fail to cooperate in the completion of the eligibility review shall be ineligible for benefits under this group.
[Eff 11/13/95] (Auth: HRS §§346-14, 431N) (Imp: HRS §§346-14, 431N)

§17-1722-62 Verification and reporting requirements. (a) The department may require individuals to furnish verification of eligibility factors.

(b) Individuals shall furnish the requested information within ten days of the request.

(c) Individuals who fail to respond within ten days shall be given a second notice with a request to furnish the information within five days.

(d) Failure to respond to the second notice shall result in disqualification.

(e) Individuals are required to report to the department any changes that would affect their eligibility or monthly cost share responsibility within ten days. [Eff 11/13/95] (Auth: HRS §§346-14, 431N) (Imp: HRS §§346-14, 431N)

§17-1722-63 Disqualification. (a) Individuals may be disqualified from the special group for the following reasons:

- (1) Failure to meet the eligibility requirements of section 17-1722-58;
- (2) Request for disqualification by the individual;
- (3) Failure to recertify as provided in section 17-1722-61;
- (4) Failure to provide requested verification of eligibility factors as provided in section 17-1722-62;
- (5) Failure to pay the required cost share for two consecutive months.

(b) Disqualified individuals will be given a ten day advance notice of disqualification. The notice must specify the effective date of disqualification, the reason for disqualification, and procedures to appeal the disqualification.

(c) If an appeal is requested prior to the effective date of the disqualification, the disqualification will be stayed pending the outcome of the appeal, provided the individual otherwise remains eligible and makes all required cost share payments.

(d) The procedures for administrative hearings specified in chapter 17-1703 shall apply. [Eff 11/13/95] (Auth: HRS §§346-14, 431N) (Imp: HRS §§346-14, 431N)

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§17-1722-64 Cost share. (a) Individuals shall be responsible for paying a monthly cost share according to a schedule established by the department. The amount of the cost share will be based on the gross family income and the number of family members.

(b) The monthly cost share for members with income less than three hundred per cent of the FPL is as follows:

<u>POVERTY LEVEL</u>	<u>COST SHARE</u>
100% or less	\$0
101% - 125%	\$10
126% - 150%	\$15
151% - 200%	\$20
201% - 250%	\$40
251% - 300%	\$60

(c) State emergency appointees and their eligible family members in the special group with income exceeding three hundred per cent of the FPL shall pay \$73.50 in monthly cost share per family member.

(d) The cost share shall be paid to the department by the tenth day of the benefit month.

(e) A member who fails to to pay the cost share for two consecutive months shall be disqualified.

[Eff 11/13/95] (Auth: HRS §§346-14, 431N)
(Imp: HRS §§346-14, 431N)

§17-1722-65 Covered services. (a) Inpatient hospital care shall be limited to five days per state fiscal year per individual for the following services:

- (1) Semi-private room and board and general nursing care;
- (2) Intensive care room and board and general nursing care;
- (3) Use of operating room and related facilities, labor and delivery room, inpatient anesthesia, radiology, laboratory and other diagnostic services agreed upon by the director;
- (4) Drugs and medications administered while an inpatient;
- (5) Medically necessary dressings, casts, blood derivatives and their administration, and general medical supplies; and
- (6) Five inpatient physician visits per fiscal year.

(b) Physician office visits, including diagnosis and treatment, consultations, and second opinions are

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limited to twelve visits per fiscal year. Excluded from this limitation are adult health assessments and bona fide emergency room visits.

(c) Maternity care is limited to the following:

(1) An all-inclusive fee that includes outpatient diagnostic tests, prenatal care, delivery, postpartum care, and complications of pregnancy; and

(2) Two inpatient maternity days per fiscal year that will not count as an inpatient day in subsection (a) of this section.

(d) Ambulatory surgical care is limited to three procedures per year and must be for medically necessary care and not excluded in sections 17-1722-66 and 17-1737-84.

(e) Preventative services shall include:

(1) Health assessments comprised of services and tests appropriate to the age and sex of the individual; and

(2) Immunizations for diphtheria, measles, mumps, rubella, whooping cough, polio, tetanus, influenza/pneumovex, hemophilus, influenza, cholera, typhoid and typhus.

(f) Emergency care is restricted by the following guidelines:

(1) Coverage is limited to those medical conditions manifesting in acute symptoms of such severity that the absence of medical attention could reasonably be expected to result in placing the enrollee's health in serious jeopardy, or serious impairment to bodily functions, or serious dysfunction of any body organ or part; and

(2) The need for emergency service shall be substantiated with appropriate documentation from the enrollee's medical record or a report from a hospital or treating physician;

(g) Three mental health visits, to include alcohol or drug dependency conditions, per fiscal year, with one treatment per day.

(h) The department shall not be responsible to pay for services that are not described in this section.

(i) The department will only pay for services described in this section that are also allowable under chapter 17-1737.

(j) Services to be provided by medicaid providers described in chapter 17-1736, and reimbursement for

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services will be based on the medicaid reimbursement schedule. [Eff 11/13/95] (Auth: HRS §§346-14, 431N) (Imp: HRS §§346-14, 431N)

§17-1722-66 Excluded services. The department will not be responsible to pay for the following medical services or conditions:

- (1) Custodial or domiciliary care;
- (2) Charges for care in intermediate care or skilled nursing facilities or intermediate care facilities for the mentally retarded;
- (3) Personal or comfort items as television, telephone, guest trays, or a private room in a hospital unless deemed medically necessary by the treating physician;
- (4) Emergency facility services for non-emergency conditions;
- (5) Medical, surgical or other health care procedures, services, drugs or devices that are considered experimental or investigational;
- (6) Transplant and open heart surgery procedures and coverage of organ donor services;
- (7) Prescription and non-prescription drugs and hormones and their administration, except those provided as an inpatient hospital service;
- (8) Sex change operations, investigation of and treatment for infertility, reversal of sterilization, artificial insemination, in vitro fertilization, and contraceptive supplies and devices;
- (9) Vision care services to include eyeglasses, contact lenses, routine eye examinations, including eye refraction, except as provided as part of routine health assessments;
- (10) Hearing aids, prosthesis, orthopedic shoes, routine foot care;
- (11) Purchase or rental of hearing aids or durable medical equipment, including, but not limited to hospital beds, wheel chairs, walk-aids, or other medical equipment not specifically listed as a covered service, except as used while in the hospital;
- (12) Dental services for temporomandibular joint problems, except for repair necessitated by accidental injury to sound natural teeth or

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- jaw provided such repair commences within ninety days of an accidental injury or as soon as medically feasible, and provided that the individual is eligible for covered services at the time services are provided and at the time of the accident;
- (13) Orthopedic services and supplies;
 - (14) Biofeedback and acupuncture;
 - (15) Obesity treatment and weight loss programs;
 - (16) Medical services rendered outside the state;
 - (17) Services which are not medically necessary to diagnose, treat, or to improve the functioning of a malformed body member, even though such services are not specifically listed as exclusions;
 - (18) Cosmetic surgery, including treatment for complications of cosmetic surgery;
 - (19) Reconstructive surgery for congenital or acquired conditions that do not involve severe functional impairment including but not limited to keloids, mammoplasty except for radical mastectomy, deviated septum for which psychological or psychiatric impairment alone shall not be a sufficient basis for reconstructive surgery;
 - (20) Medical services received and paid for by the Veterans Administration;
 - (21) Medical services that are payable under the terms of worker compensation, automobile medical and no-fault, underinsured or uninsured motorist, or similar contract of insurance;
 - (22) Conditions resulting from acts of war, declared or not;
 - (23) Transportation to medical providers to include ambulance services;
 - (24) Hospice services;
 - (25) Early and Periodic Screening Diagnostic and Treatment (EPSDT) services;
 - (26) Outpatient renal services;
 - (27) Case management services;
 - (28) Personal care services;
 - (29) Private duty nursing and medical social worker services;
 - (30) Services provided by the community long term care branch;
 - (31) Home Health Agency (HHA) services;
 - (32) Targeted case management services;

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- (33) State funeral payments services;
- (34) Adult day health services;
- (35) Chore services;
- (36) Any service excluded by medicaid under chapter 17-1737; or
- (37) Services not provided by medicaid providers.
[Eff 11/13/95] (Auth: HRS §§346-14, 431N) (Imp: HRS §§346-14, 431N)

§§17-1722-67 to 17-1722-68 (Reserved)

SUBCHAPTER 9

QUALIFYING INDIVIDUALS

§17-1722-69 Purpose. The purpose of this subchapter is to establish the requirements for eligibility of a qualifying individual effective January 1, 1998 and the limitations of coverage for this group. [Eff 05/02/98] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(E))

§17-1722-70 Eligibility requirements. A qualifying individual shall be:

- (1) Entitled to hospital insurance benefits under the medicare program;
- (2) In receipt of income which exceeds one hundred twenty per cent of the federal poverty limit but does not exceed one hundred seventy-five percent of the federal poverty limit;
- (3) In possession of assets which do not exceed twice the personal reserve allowed under the supplemental security income program; and
- (4) Required to meet basic eligibility conditions detailed in chapter 17-1714, including:
 - (A) A resident of the State of Hawaii;
 - (B) A citizen of the United States or a qualified alien;
 - (C) Not a resident of a public institution;
 - (D) Assign to the department any benefits from a third party for coverage of medical expenses, to the extent of

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- medical costs paid by the department;
and
(E) Furnish a social security number and
verification of that number.
[Eff 05/02/98] (Auth: HRS §346-
14; 42 C.F.R. §435.10) (Imp: 42 U.S.C.
§§1396a(a)(10)(E), 1396d(p))

§17-1722-71 Treatment of income and assets. The
income and assets of a qualifying individual shall be
treated like an aged or disabled individual in the
medical assistance only program, as specified in
chapters 17-1721 and 17-1725, with the exception of the
income and personal reserve standards.
[Eff 05/02/98] (Auth: HRS §346-14; 42 C.F.R.
§435.10) (Imp: 42 U.S.C. §§1396a(a)(10)(E), 1396d(p))

§17-1722-72 Limitations of coverage. (a)
Coverage for an individual eligible for assistance as a
qualifying individual:

- (1) For a qualifying individual with countable
income that exceeds one hundred twenty
percent of the federal poverty limit but does
not exceed one hundred thirty-five percent,
the payment of the medicare supplemental
medical insurance premium; and
- (2) For a qualifying individual with countable
income that exceeds one hundred thirty-five
percent of the federal poverty limit but does
not exceed one hundred seventy-five percent,
payment of the increment to the medicare
supplemental medical insurance premium caused
by the shifting of certain home health
services from the medicare hospital
insurance.

(b) A qualifying individual who receives
assistance one month in a calendar year is eligible for
coverage for the remaining balance of calendar year,
provided all other eligibility requirements are met.

(c) Coverage under this subchapter is for a five
year period from 1998 through 2002 and subject to
allocation of funding for each calendar year.
[Eff 05/02/98] (Auth: HRS §346-14; 42 C.F.R.
§435.10) (Imp: 42 U.S.C. §1396a(a)(10)(E))

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§17-1722-73 Limit on the number of eligible individuals. (a) Participation in this group shall be limited in each calendar year to the estimated number of eligible qualifying individuals whose aggregate amount of assistance does not exceed the allocation of funds for that calendar year.

(b) For the calendar year 1998, eligible qualifying individuals shall be provided assistance in the order in which they apply for assistance up to the estimated limit in subsection (a).

(c) For calendar years after 1998, the following individuals shall be given preference for participation providing they were eligible for coverage in the last month of the previous year and who continue to be or become qualifying individuals:

- (1) A qualifying individual;
- (2) A qualified medicare beneficiary;
- (3) A specified low income medicare beneficiary;
or
- (4) A qualified disabled and working individual.
[Eff 05/02/98] (Auth: HRS §346-14;
42 C.F.R. §435.10) (Imp: 42 U.S.C.
§1396a(a)(10)(E))

§17-1722-74 Effective date of coverage. Coverage as a qualifying individual begins in the month in which eligibility starts. [Eff 05/02/98] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(E))

§§17-1722-75 to 17-1722-77 (Reserved)

SUBCHAPTER 10

MEDICAL ASSISTANCE FOR DISABLED CHILDREN

WHO LOSE SSI BENEFITS

§17-1722-78 Purpose. The purpose of this subchapter is to establish the requirements for eligibility of disabled children who lose SSI benefits because of provisions of the Personal Responsibilities and Work Opportunity Reconciliation Act of 1996. [Eff 05/02/98] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(A)(i)(II))

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§17-1722-79 Eligibility requirements. Effective July 1, 1997, a disabled child eligible for this group shall meet all of the following conditions:

- (1) The child lost SSI benefits because of the enactment of section 211(a) the Personal Responsibilities and Work Opportunity Reconciliation Act of 1996;
- (2) The child would continue to be eligible for SSI but for the enactment of that section; and
- (3) The child shall meet basic eligibility conditions detailed in chapter 17-1714, including:
 - (A) A resident of the State of Hawaii;
 - (B) A citizen of the United States or a legal resident alien;
 - (C) Not a resident of a public institution;
 - (D) Assign to the department any benefits from a third party for coverage of medical expenses, to the extent of medical costs paid by the department; and
 - (E) Furnish a social security number and verification of that number.
[Eff 05/02/98] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(A)(i)(II))

§17-1722-80 Treatment of income and assets. The income and assets of a child in this group shall be treated like an aged or disabled individual in the medical assistance only program, as specified in chapters 17-1721 and 17-1725. [Eff 05/02/98] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(A)(i)(II))

§17-1722-81 Provision of coverage. Coverage for individuals eligible for assistance in this subchapter will be provided on a fee for service basis per chapter 17-1737. [Eff 05/02/98] (Auth: HRS §346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C. §1396a(a)(10)(A)(i)(II))

§17-1722-82 Effective date of coverage. Coverage under this group shall begin in the month in which

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eligibility starts. [Eff 05/02/98] (Auth: HRS
§346-14; 42 C.F.R. §435.10) (Imp: 42 U.S.C.
§1396a(a)(10)(A)(i)(II))

